



PROGRAM PERFORMANCE SURVEY

U.S. Department of Transportation
Maritime Administration

A Maritime System that Serves America
With American Ships and American Labor

OMB No. 2133-0528
Expiration Date: 03/31/02

Dear Customer:

We value your feedback and would like to know how well we are meeting your needs. Please take a few moments to complete the following questions regarding the _____ program and return this postage paid mailer to us or fax it to (202) 366-9206. For your convenience, you may respond electronically through MARAD's Home Page (<http://www.marad.dot.gov>). This survey takes approximately 6 minutes to complete.

Program Evaluation

1. Please indicate the type of organization you represent: (Circle one)

Environmental	International	Shipbuilder/Repairs
Financial Institution	Legal	Vessel Manager
Government/Federal	Offshore	Vessel Operator/Charterer
Government/State-Local	Port/Terminal	Vessel Owner
Intermodal	Other (Please Specify) _____	

Circle number indicating performance level (1 equals unsatisfactory - 5 equals excellent)

2. How successful was our program in meeting your needs? 1 2 3 4 5

3. How would you rate MARAD on our outreach initiatives?

Initial contact	1	2	3	4	5
Contact during transaction	1	2	3	4	5
Follow-up contact	1	2	3	4	5

Service Evaluation

4. How long has your organization been a MARAD customer? _____

5. What is your average level of interaction with MARAD on a monthly basis?

(Circle one) 2 times or less 3-5 times 6-8 times more than 8 times

6. Using the following categories, please rate how MARAD's service/your working relationship compares to other governmental or non-governmental entities who provide the same or similar services.

	<u>Worse</u>	<u>Same</u>	<u>Better</u>
a. Was service reliable?	_____	_____	_____
b. Was response timely?	_____	_____	_____
c. Was request complete?	_____	_____	_____
d. Was service friendly?	_____	_____	_____
e. Were services available?	_____	_____	_____
f. Was assistance provided?	_____	_____	_____
g. Was conduct ethical?	_____	_____	_____
h. Was data/information shared?	_____	_____	_____
i. Was communication effective?	_____	_____	_____
j. Were we responsive to your concerns?	_____	_____	_____
k. Were employees professional?	_____	_____	_____
l. Were we willing to work with you?	_____	_____	_____

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

7. Why did you select MARAD? _____

8. Are there any additional services we can provide you? Yes ___ No ___
 Please List: _____

9. Is MARAD your main supplier for information and support relating to maritime activities? Yes ___ No ___
 a. If no, whom else do you use? _____

 b. Why? _____

10. Would you recommend MARAD to another member of the maritime industry or Government agency for information and assistance relating to this program? Yes ___ No ___
 If no, why? _____

11. If you had a choice, would you use MARAD again? Yes ___ No ___
 If no, why? _____

12. Please provide comments, suggestions for improvement, or suggested benchmarks or standards for comparable or analogous service from other sources:

13. Is MARAD's information in clear and easy to understand plain language?
 Yes ___ No ___ If no, please attach a sample or provide a brief explanation.

OPTIONAL: Name: _____
 Organization: _____
 City, State, Zip: _____

Would you like a MARAD employee to call to discuss comments Yes ___ No ___

FOR OFFICE USE ONLY

Organizational Code _____
 Program Activity Code _____
 Date Mailed _____

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U.S. Department
of Transportation

**Maritime
Administration**

400 Seventh St. SW
Washington, DC 20590-0001



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